



# Iowa Department of Human Services

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## INFORMATIONAL LETTER NO.1876-MC-FFS-D

**DATE:** January 16, 2018

**TO:** All Iowa Medicaid Providers (Excluding Individual Consumer Directed Attendant Care)

**APPLIES TO:** Managed Care, Fee-for-Service and Dental

**FROM:** Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

**RE:** Change in Provider Enrollment Application Fee

**EFFECTIVE:** January 1, 2018

This letter is an update to Informational Letter [1747-MC-FFS-D](#)<sup>1</sup>.

As required by federal regulations at 42 CFR 455.460, the IME began requiring an application fee for certain newly enrolling and re-enrolling providers on August 1, 2016.

The application fee is required with initial applications for new enrollment, applications for a new practice location, and any re-enrollment. Providers will be required to pay an application fee before the application can be processed. The Centers for Medicare and Medicaid Services (CMS) sets the application fee amount, which for calendar year 2018 is \$569.00 and may be adjusted annually.

The application fee is required for:

- Any provider considered “institutional” under Medicare.
- Provider types that exist under Medicaid but not Medicare, that meet criteria for “institutional” providers.

The application fee is not required for:

- Individual providers enrolling in Medicaid (including group practices), or other non-institutional providers.
- Providers already enrolled in Medicare or another state’s Medicaid or Children’s Health Insurance Program (CHIP) program.
- Providers who have already paid the fee with Medicare or another state.

Please refer to the [Provider Application Fee](#)<sup>2</sup> chart available on the DHS [Provider Enrollment](#)<sup>3</sup> web page for the specific requirements for each Iowa Medicaid provider type.

<sup>1</sup> [https://dhs.iowa.gov/sites/default/files/1747-MC-FFS-D\\_ChangeinProviderEnrollmentApplicationFee.pdf](https://dhs.iowa.gov/sites/default/files/1747-MC-FFS-D_ChangeinProviderEnrollmentApplicationFee.pdf)

<sup>2</sup> [https://dhs.iowa.gov/sites/default/files/Provider\\_Application\\_Fee\\_Requirements\\_Provider\\_Type.pdf](https://dhs.iowa.gov/sites/default/files/Provider_Application_Fee_Requirements_Provider_Type.pdf)

<sup>3</sup> <http://dhs.iowa.gov/ime/providers/enrollment>

## **Request for Hardship Exemption:**

Should the application fee prove to be a hardship for the provider, CMS may agree to waive the fee. If the enrolling or reenrolling provider believes the application fee is a significant hardship to their organization, the [IME Provider Enrollment Application Fee Hardship Exemption Request](#)<sup>4</sup> may be submitted. Please note that the IME cannot process the enrollment application until the hardship request has been approved by CMS or a fee has been received by the IME. To avoid delay in processing the application, the IME suggests that both the application fee and the IME Provider Enrollment Application Fee Hardship Exemption Request be submitted. If the hardship request is approved by CMS, the fee will be refunded.

Each hardship exemption request must include details on the impact to beneficiary access to care. The IME will review the details of the request and forward it to CMS. The final decision to waive the application fee is made by CMS, who will then notify the IME of their decision. If CMS denies the hardship exemption request, the IME will provide written notification within five business days of the denial. If the fee has not already been paid, the IME will allow 30 days for the application fee to be paid. If the application fee is not paid within 30 days, the application will be denied. If the application is denied for lack of payment the application and fee may be resubmitted at any time.

If CMS approves the hardship exemption request, the IME will process the provider application and a final determination on enrollment will be sent to the address listed on the application.

## **Submitting the application fee:**

The IME will accept a check or money order payable to Iowa Medicaid Enterprise. Checks may be mailed to:

IME Provider Enrollment Unit  
P.O. Box 36450  
Des Moines, IA 50315

## **Frequently Asked Questions (FAQ):**

Please refer to the [FAQ](#)<sup>5</sup> available on the DHS [Provider Enrollment](#)<sup>6</sup> web page.

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, or by email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).

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<sup>4</sup> <https://dhs.iowa.gov/sites/default/files/470-5298%20IME%20Provider%20Enrollment%20Application%20Fee%20Hardship%20Exemption%20Request.pdf>

<sup>5</sup> <https://dhs.iowa.gov/sites/default/files/AppFeeFAQ-06-2016.pdf>

<sup>6</sup> <https://dhs.iowa.gov/ime/providers/enrollment>